

# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-047779

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 154

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 17 1963

1. PLACE OF DEATH

a. COUNTY Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Bethany

Length of stay in 1b

15 yr

c. CITY

OR TOWN Bethany

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Noll Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

2201 newburn St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Fred John Mueller

4. DATE OF DEATH

Month Day Year

12-12-1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-10-73

9. AGE (last birthday)

90

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

meat cutter

10b. KIND OF BUSINESS OR INDUSTRY

Packing house

11. BIRTHPLACE (City and state or country)

Country of Switzerland

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

do not know

13b. MOTHER'S MAIDEN NAME

do not know

14. NAME OF HUSBAND OR WIFE

Eula Lee Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Eula Lee Mueller, Bethany, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive Heart Failure

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8:00 PM 12-12-63, to 8:00 PM 12-12-63 and last saw him alive on 12-12-63

Death occurred at 8:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hector J. Koenig M.D.

22b. ADDRESS

Bethany, Mo.

22c. DATE SIGNED

12-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

12-14-19

23c. NAME OF CEMETERY OR CREMATORY

Meierhoffer Fleeman

23d. LOCATION (City, town, or county)

St. Joseph, Mo.

(State)

24. FUNERAL DIRECTOR

M.B. Haas

ADDRESS

M.B. Haas, Bethany, Mo.

25. DATE RECD. BY LOCAL REG.

12-14-1963

26. REGISTRAR'S SIGNATURE

Gella Mayes

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE

DEC 20 1963

NAME

ADDRESS

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bathany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

DEC 20 1963